

**GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY MEDICAL COLLEGE  
GANDHINAGAR**

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**MEDICAL EDUCATION UNIT**

List of CME's arranged by Medical Education Unit- GMERS Medical College Gandhinagar, is mentioned as below.

Lat Updated : 25.11.2014

Sr. No	Date	Department	Name Of Faculty	Topic
1	10/07/12	Anatomy	Dr.S.S.Saiyad	Anatomy of the Eye
2	11/08/12	Physiology	Dr.S.M.Joshi	Physiology of Hearing
3	25/08/12	Bio-Chemistry	Dr Shobhna Chandnani	Role of Homocysteine in coronary heart diseases
4	08/09/12	Orthopedic	Dr Bimal Modi	Osteoporosis
5	29/09/12	Obs & Gynec	Dr Rakesh Patel	Anaemia in pregnancy
6	06/10/12	Pathology	Dr Paragi Gandhi	Recent trends in blood transfusion
7	27/10/12	Surgery	Dr Niyati Lakhani	Pain Management
8	15/12/12	Community Medicine	Dr Mihir Goswami	Prevention of Mal-Nutrition in children
9	29/12/12	Medicine	Dr Shashi Mudra	Prevention in Deabetes
10	19/01/13	Anesthesia	Dr. Bharti Bachani	Recent trends in regional anesthesia
11	19/10/13	Surgery	Dr Niyati Lakhani	Introduction
		Asso Society of Procunry	Dr Mehul Solanki	C.P.R Video Presentation
		Asso Society of Procunry	Dr Jay Kothari	Conclusion by
12		Dean(G.ME.R.S. Gandhinagar)	Dr A.H Vyas	Introduction of M.E.T
		Dean (M.P.Shah Medical College)	Dr.Vikas Slnha	Behavior of Teacher

## Minutes of Meeting

### Details:

Date: 01/10/2014 11:00 a.m.

Venue: Dean office, GMERS medical college, Gandhinagar

### Agenda:

- 1) To review the minutes of last meeting
- 2) Discussion about MEU program
- 3) Any other matter with permission of chair

Following members were present:

Name	Department	
Dr. Arun Vyas	Dean	
Dr Bipin Nayak	Professor	Obs. & Gynec
Dr. S. S. Saiyad	Professor	Anatomy
Dr. S.M. Joshi	Professor	Pharmacology
Dr. Shobhna Gupta	Professor	Anaesthesia
Dr. Jasmin Diwan	Professor	Physiology
Dr P B Verma	Professor	P.S.M.

Following issues were discussed:

Meeting was chaired by the Dean, GMERS medical college, Gandhinagar. He welcomes all participants.

- 1) Discussed about the CME organized by psychiatry department on stress management on 10<sup>th</sup> sept. 2014
- 2) Discussed about CME to be organized by psychiatry department in which they will show a movie "the beautiful mind", "The secret" to inspire the students
- 3) Discussed about CME on 'RNTCP' by TB and chest department in near future.
- 4) Details of MEU activities and work distribution was discussed in meeting.

  
DEAN

GMERS MEDICAL COLLEGE  
GANDHINAGAR

No. GMERS/PA/MEU/468786/2014

Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat.

Date: 25/09/2014

**OFFICE ORDER:**

Meeting of Medical Education Unit is scheduled on  
**Wednesday, 01/10/2014 at 11.30 p.m** in the College Council Room.

The Agenda for the meeting shall be:





1. To Review the Minutes of last meeting.
2. Discussion about MEU Program.
3. Any other matter with the permission of the chair.



  
Dean

  
29/09/14

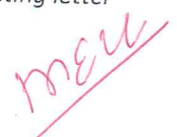
GMERS Medical College,  
Gandhinagar

To,

<i>Name</i>	<i>Designation</i>	<i>Department</i>
Dr. A.H.Vyas	Dean.	Anaesthesia.
 Dr. J.G.Buch	Proff	Pharmacology
 Dr. S.S.Saiyad	Proff	Anatomy.
 Dr. Jasmin Diwan	Proff	Physiology.
 Dr. Shobhna Gupta.	Proff	Anaesthesia

 Bipin Nayak  
 P.B. Yermale

F/meu/meeting letter





deangmersmcg &lt;deangmersmcg@gmail.com&gt;

## Allocation of colleges to nodal center at Pramukhswami Medical College, Karamsad for advance course in MET

himanshup@charutarhealth.org <himanshup@charutarhealth.org>

Tue, Jul 8, 2014 at 10:55 PM

To: pankajpatelr@gmail.com, deannhlmmc@yahoo.com, deannhlmmc@yahoo.co.in, dr.khadijasaifee@yahoo.com, contactus@geetanjaliimedcity.com, pncmck@yahoo.co.in, principalmck@gmail.com, jhalawarmedical@yahoo.com, iaecon@sancharnet.in, principal\_spmc@live.com, dean.bjmc@hotmail.com, ksalhospital@yahoo.com, trctbh@yahoo.com, drpsinha@hotmail.com, drdipti55@gmail.com, s.mukherjee@adanigroup.com, dean@gaims.ac.in, drkirtimpatel@yahoo.co.in, infor@gcsmc.org, deanmcgv@gmail.com, ahagotri@gmail.com, gmersmchsola@gmail.com, ubshah07@yahoo.co.in, gmerspatan@gmail.com, drgurudas@gmail.com, deangmersmcg@gmail.com

Cc: praveenrs@charutarhealth.org, dharmisthacp@charutarhealth.org, academiccell@gmail.com

Dear Sir/Madam,

MCI regional centers are conducting basic course workshop in medical education since 2009 under MCI national faculty development program. MCI has decided to start advanced course in medical education in near future through recognized nodal centers. MCI has upgraded ten regional centers including the regional center at Pramukhswami Medical College as nodal centers and has allocated colleges to each of these nodal centers.

The advanced course to be conducted by nodal centers for faculty of allocated colleges, is a project based one year course with two onsite sessions of 6 days and a yearlong online learning. MCI expects that at least 30% of teachers in each medical college will enroll for this advance course over a period of time. Resource faculty conducting basic course must undergo advanced course.

MCI has advised us to inform you about allocation of your college under this nodal Center. We will keep you informed about the schedule of the advanced course in due course of time.

Dr Himanshu Pandya  
 Professor of Medicine  
 Convener, MCI Nodal Centre for MET  
 Pramukhswami Medical College  
 Karamsad-388325, Gujarat, India  
 Phone: 02692228460 (Office) 02692249538(Home)  
 Mob: 09825098919

*M.E.C. - file*  
*Agg*  
*9/7/14*

*MET*

~~107E~~

**MCI Regional Training Centre for Faculty Development**  
**Smt. NHL Municipal Medical College, Ahmedabad**

Fax # 079-26579282, e-mail address: [rtcahmedabad@gmail.com](mailto:rtcahmedabad@gmail.com)

[kirtipatel1954@gmail.com](mailto:kirtipatel1954@gmail.com)

RTC No. Workshop/01/2014

Date: 10/07/2014

To,  
Dean/ Principal/ MEU coordinator

GMERS Medical College  
Gandhinagar  
Inward No. 1786  
Date 14/07/14  
Branch P.A

Dear Sir/ Madam,

Greetings from Regional Training Centre, NHLMMC, Ahmedabad...

The MCI Regional Training Centre for Faculty Development at Smt. NHL Municipal Medical College, Ahmedabad is happy to announce the next 21<sup>st</sup> and 22<sup>nd</sup> workshops in September, 2014.

The 21<sup>st</sup> basic course workshop is scheduled for 3 days from September 10 – 12, 2014

The 22<sup>nd</sup> basic course workshop is scheduled for 3 days from September 24 -26, 2014

The basic course workshop on Medical Education Technology has been revised and the new framework with some new topics has been implemented from April 2014. The upcoming workshops will be based on this new framework.

At this juncture may we take the opportunity to remind you that...

- All MEU Faculty members of respective medical colleges must have undergone MCI Basic Course in MET at the allocated Regional Centre (MCI – Academics/2014/101850 dated 9/4/2014)
- MCI Basic course workshop in Medical Education Technology is now compulsory for all and is required every 5 years. (MCI-Academics/2013/31214 dated 31/8/2013)

With these references, RTC invites nominations from all teachers who have not yet attended basic course and those who have undergone the workshop before 5 years.

As a mandate, maximum no. of participants to be enrolled in one workshop is 30. The participants will be registered on first come first basis. A copy of the nomination form is attached herewith.

MEU

ku

Per 2/2/12

file

11-7-14

Each participant will be required to pay Rs. 1500 (one thousand & five hundred only) as registration fees. Moreover your institute/ participant shall also bear the expenses related to TA, DA and accommodation charges. The accommodation will have to be arranged by the participants. The information regarding nearby hotels is annexed.

*The last date for receiving nominations is 20<sup>th</sup> August, 2014 for both the workshops. Along with nomination forms registration fees of Rs. 1500 per participant should be sent in advance as DD in favor of "Smt NHL MMC STUDENTS UNION- GYMKHANA" payable at Ahmedabad.*

If the nominated participant is unable to attend the workshop, kindly ensure to inform us at least 3 days prior to the date of workshop. A serious note will be taken by the MCI observer regarding participants dropping out without communication.

For further queries kindly send email to *above mentioned email addresses.*

With Best Regards,

**Dr Kirti Patel**  
**Convener**

**MCI Regional Training Centre for Faculty Development**  
**Smt. NHL Municipal Medical College, Ahmedabad**  
Fax # 079-26579282, e mail address: rtcahmedabad@gmail.com  
**NOMINATION FORM**

Name: .....

Designation: .....

Department: .....

Name of Institute: .....

.....

Address & contact no. of Institute: .....

.....

.....

Mobile No. # **(Mandatory)** .....

E-mail Address: **(Mandatory & the one you are checking regularly)**

.....

Have you attended any training in Education Technology?    Yes         No

If yes, the year, place & duration of training .....

Nomination for :     21<sup>st</sup> RTC workshop (10-12 September, 2014)    

                                22<sup>nd</sup> RTC workshop (24-26 September, 2014)    

Signature: .....

Date: .....

Signature and stamp of the Head of Department/Unit: .....

Signature and stamp of the Head of Institute: .....

Mode of Payment :

Cash / DD / Cheque No. \_\_\_\_\_ dated \_\_\_\_\_  
of \_\_\_\_\_ (Bank-Branch)

**Note:** For any queries, kindly contact at above mentioned e-mail address.

**Annexure: List of nearby hotels (within 1 km distance)**

Sr. No.	HOTEL	ROOM CHARGES* (in Rs)	Room Type
1	Hotel Maruti (nearest) Pritamnagar, Ellisbridge, Ahmedabad-380006 Ph: 079-26589871 Fax: 079-26589875 Email: info@hotelmartuti.com Website: www.hotelmartuti.com	900/- single occupancy 1100/- double occupancy  1050/- single occupancy 1250/-double occupancy	AC  Executive AC
2	Hotel Accolade Opp. Gujarat College, Ellisbridge, A'bad – 06 Ph: 079-26561016-17-18 Fax: 079-26563000 Email: info@hotelacolade.com Website: www.hotelacolade.com	950/- single occupancy 1150/- double occupancy	AC
3	Hotel Kanth Palace( Hotel Neelkanth Inn) Opp. Navchetan School, Paldi Cross Roads, Paldi, A'bad – 07 Telefax: 079-26574384 E-mail: inn@neelkanthhotels.com	800/- single occupancy 1000/- double occupancy	Non AC
4	Hotel Neelkanth Sahara 2 <sup>nd</sup> Floor, Iscon Square, Opp. Kothawala Flats, Paldi, A'bad – 07 Telefax: 079-66615145 E-mail: mansukh@sahara.neelkanthhotels.com	600/- single occupancy 700/- double occupancy  800/- single occupancy 1000/- double occupancy  1000/- single occupancy 1200/- double occupancy	Non AC  AC-deluxe  AC-Royal-deluxe
@5	Ahmedabad Medical Association(AMA) Guest House Behind Handloom House,, Ashram Road (Office timing:12-6 pm) Phone No. 079-26587370, M- 09879026997	400/- single occupancy 650/- double occupancy	AC

@ Limited no. of rooms available-

\* Current tariffs may be revised



5856  
No. GMERS/MCG/ /2014  
GMERS Medical College,  
Gandhinagar.  
Date: ~~25~~ July, 2014  
02

## Medical Education Unit

Designation	Name	Designation	Department	E-mail Address
Chairman	Dr.A H Vyas	Dean	Anesthesia	deangmers@yahoo.com
Co- Ordinator	Dr.Bipin Nayak	Professor	Obst. & Gynae	drbipinnayak@gmail.com
Member	Dr.J.G.Buch	Professor	Pharmacology	drjgbuch@hotmail.com
Member	Dr.S.S.Saiyad	Professor	Anatomy	drssaiyad@gmail.com
Member	Dr.Jasmin Diwan	Professor	Physiology	drjasmindivan@gmail.com
Member	Dr.Shobhna Gupta	Professor	Anaesthesia	guptashobhna@yahoo.com
Member	Dr.P.B. Verma	Professor	P.S.M	drpbverma@gmail.com

  
Dean

GMERS Medical College,  
Gandhinagar, Gujarat

# Minutes of Meeting

## Meeting Details:

Date : 02-July-2014, 11.00 am

Venue : Office of the Dean, GMERS, Gandhinagar

Agenda :

- a. To review the MOM of previous meeting dated 02-April-2014
- b. Discuss regarding next MEU programs
- c. Any other matter with permission of the chair

## Following members were present :

1. Dr. Arun Vyas, Dean
2. Dr. J.G.Buch, HOD & Prof. Pharmacology
3. Dr. Mihir Goswami, Asso. Prof. PSM
4. Dr. Dinkar Goswami, Asso. Prof. Medicine
5. Dr. Rupal Gautam, Asso. Prof., Anatomy
6. Dr. Rima Shah, Asst. Prof. Pharmacology

Dr. Hitesh Vyas, Asso. Prof. Ophthalmology was granted absence due to his other official work.

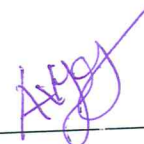
## Following issues were discussed :

1. Meeting was chaired by the Dean, GMERS Gandhinagar. He welcomed the participants.
2. The Chair directed all the committee members to ensure that proper coordination should be done before any MEU activities.
  - a. Any MEU activity should be carried out only after meeting of all committee members and taking consensus.
  - b. Work distribution to committee members should be done after decision of carrying out MEU activity.
  - c. After completion of any MEU activity, proper Record Notes should be prepared and filed within 5 days.
  - d. All correspondence and MOMs should be documented and filed.
3. Status report on activities carried out in past was recorded as under
  - a. CME in ENT department on 5<sup>th</sup> April 2014.
  - b. Gastro conference on 25th April 2014.
  - c. Teachers Training Program in conjunction with MEU of NHL Medical College on 09-10-11 April 2014. The committee noted the support of NHL with gratitude.
  - d. CME on Tele-Medicine on 25-June-2014.
4. Following future activities of MEU were Proposed
  - a. CME on Pharmaco-Vigilance for SR and JR
  - b. CME on Micro Teaching for GMERS staff
  - c. Teachers Training Program for new recruits, by OCT-NOV 2014
5. Meeting ended with thanks from the Dean.

MOM authorised by

Circulation :

1. All participants
2. Office of the Dean

  
\_\_\_\_\_

MEU

Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat.

Date: 27/06/2014

OFFICE ORDER:

Meeting of Medical Education Unit is scheduled on  
**Wednesday, 02/07/2014 at 12.30 p.m** in the College Council Room.

The Agenda for the meeting shall be:

1. To Review the Minutes of last meeting.
2. Discussion about MEU Program.
3. Any other matter with the permission of the chair.

ISSUED  
By NB  
Date 30/06/14

dc  
Pank.

*[Signature]*  
Dean

GMERS Medical College,  
Gandhinagar

To,

Name	Designation	Department
Dr. J.G.Buch ✓	Prof.	Pharmacology
Dr. Hitesh Vyas ✓	Asso.Prof	Ophthalmology
Dr. Mihir Goswami ✓	Asso.Prof	P.S.M.
Dr. Rupal Gautam ✓	Asso.Prof	Anatomy
Dr. Dinkar Goswami ✓	Asso.Prof	Medicine
Dr. Reema Shah ✓	Asst.Prof	Pharmacology

① M&T  
② ENT  
③ Telic  
④ Gastro

MEU

① File mei hach  
cure hach  
tami hach  
hiteon hach  
② hach hach  
hach hach  
CME hach  
File hach  
hach hach  
hach hach  
hach hach

GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY  
Medical College, Gandhinagar

Date: 15/4/2014

**MEDICAL EDUCATION UNIT**

List of teachers Undergone training of Medical Education technology

NO	Faculty	Designation	Department
1	DR ABHIJIT YADAV	TUTOR	PHARMACOLOGY
2	DR ASHVIN VADHER	TUTOR	BIOCHEMISTRY
3	DR ASHVIN RATHOD	TUTOR	COMMUNITY MEDICINE
4	DR CHIRAG OZA	TUTOR	BIOCHEMISTRY
5	DR CHIRANJEEV VAGHELA	TUTOR	COMMUNITY MEDICINE
6	DR DHARA PATEL	ASSO. PROF	ANAESTHESIA
7	DR HIREN SANGHANI	ASST. PROF.	BIOCHEMISTRY
8	DR JAYSHREE PRAJAPATI	ASST. PROF.	ANAESTHESIA
9	DR KAMLESH NINAMA	ASST. PROF	MEDICINE
10	DR KRUNAL RATHOD	TUTOR	BIOCHEMISTRY
11	DR MIKU S PATEL	TUTOR	BIOCHEMISTRY
12	DR MUKUL PANDIT	PROF.	ORTHOPAEDICS
13	DR NISHITA JETHVA	TUTOR	ANATOMY
14	DR PANKAJ GARG	ASST PROF	MEDICINE
15	DR PAYAL RAVAL	TUTOR	MICROBIOLOGY
16	DR PURAV PATEL	TUTOR	MICROBIOLOGY
17	DR RAJESH KATARA	ASSO. PROF.	MICROBIOLOGY
8	DR RASHI MEHTA	TUTOR	PATHOLOGY
19	DR SONAL DAYAMA	TUTOR	COMMUNITY MEDICINE
20	DR YOGESH RATHVA	ASST PROF	OB & GY
21	DR YOGESH UMARANIYA	TUTOR	ANATOMY
22	DR YOGESH MODIYA	ASST PROF	SURGERY
23	DR AMIT JOSHI	TUTOR	FORENSIC MEDICINE
24	DR DHAVAL J PATEL	ASST PROF	ORTHOPAEDICS
25	DR PARESH VORA	ASST PROF	MEDICINE
26	DR BHAVESH MODI	ASSO PROF	COMMUNITY MEDICINE

  
DEAN

GMERS MEDICAL COLLEGE  
GANDHINAGAR

Near Pathikashram, General Hospital, Gandhinagar : 380021. Gujarat  
Phone: (079) 232 Fax : (079) 232 email: deangmersmcg@gmail.com

GMERS/MCG/2722/2014

Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat.

Date: 05/06/2014

**OFFICE ORDER:-**

Monthly Meeting of College Council  
scheduled on **07/06/2014, Saturday** at **12.00** in the College Council  
Room, G.M.E.R.S Medical College Gandhinagar. All the HODs are here  
by Instructed to remain present.

The Agenda for the Meeting shall be:

1. To Review the Minutes of last meeting.
2. D.N.B. inspection preparation.
3. Status of SR/JR.

  
Dean

**GMERS Medical College,  
Gandhinagar**

Copy Forward To:


1. All Department, H.O.D.
2. Medical Suprintendent, G.M.E.R.S General Hospital, Gandhinagar.


**Office Order****Subject:** - Regarding Permission of "training NHL Basic workshop".

In reference to their application, following faculties are permitted to go for "Training in Medical Educational Teaching Technologies basic workshop" at Near Library Room, G.M.E.R. SMEDICAL COLLEGE GANDHINAGAR From- 09 to 11 April 2014. Time;- 9.00A.M

**TEACHERS TRAINING**

No	Name	Designation	Department
1	DR NISHITA JETHVA	Tutor	Anatomy
2	DR RAJENDRA LORIYA	Tutor	Anatomy
3	DR YOGESH UMARANIYA	Tutor	Anatomy
4	DR DHARA PATEL	Associate Professor	Anesthesia
5	DR JAYSHRI P PRAJAPATI	Assistant Professor	Anesthesia
6	DR ASHVIN VADHER	Tutor	Biochemistry
7	DR CHIRAG M OZA	Tutor	Biochemistry
8	DR HIREN I SANGHANI	Assistant Professor	Biochemistry
9	DR KRUNAL RATHOD	Tutor	Biochemistry
10	DR MIKU S PATEL	Tutor	Biochemistry
11	DR CHIRANJEEV VAGHELA	Tutor	Community Medicine
12	DR SONAL DAYAMA	Tutor	Community Medicine
13	DR AMIT JOSHI	Tutor	Forensic Medicine
14	DR KAMLESH P NINAMA	Assistant Professor	Medicine
15	DR PANKAJ GARG	Assistant Professor	Medicine
16	DR PARESH R VORA	Assistant Professor	Medicine
17	DR PAYAL N RAVAL	Tutor	Microbiology
18	DR PURAV G PATEL	Tutor	Microbiology
19	DR RAJESH KATARA	Associate Professor	Microbiology
20	DR YOGESH R RATHVA	Assistant Professor	Obs & Gynec
21	DR MUKUL PANDIT	Professor	Orthopaedic
22	DR DHAVAL J PATEL	Assistant Professor	Orthopaedic
23	DR ASHVINKUMAR B RATHOD	Tutor	P & SM
24	DR BHAVESH MODI	Associate Professor	P& SM
25	DR RASHI MEHTA	Tutor	Pathology
26	DR ABHIJIT YADAV	Tutor	Pharmacology
27	DR YOGESHKUMAR NANJIBHAI MODIYA	Assistant Professor	Surgery

ISSUED  
By:   
Date: 5/04/14

  
Dean  
GMERS Medical College  
Gandhinagar

Copy To,  
Concerned Officers, (Through H.O.D)

**Copy forward To-** 1) C.E.O, G.M.E.R. Society, Gandhinagar.

2) Medical Supt. G.M.E.R.S Medical College & Hospital Gandhinagar

## Minutes of Meeting.

### Meeting Details:

Date:- 02/04/2014 11.00 a.m.

Venue:-Dean Office,G.M.E.R.S Medical College Gandhinagar.

### Agenda:-

- a. To review the MOM of previous meeting deated 02/04/2014
- b. Discuss regarding next MEU programs.
- c. Any other matter with permission of the chair.

Following members were present.

Dr.A H Vyas -Dean.

Dr.J.G.Buch -Proff Pharmacology.

Dr.S.S.Saiyad –Proff Anatomy.

Dr.Jasmin Diwan-Proff Physiology.

Dr.Shobhna Gupta -Proff Pharmacology.

Dr.Bipin Nayak -Proff Pharmacology.

Dr.P.B.Verma-Proff Pharmacology.

Dr Hitesh Vyas,Asso.Proff Ophthalmology was granted absence dure to his other official work.

Following issues were discussed:

1. Meeting was chaired by the Dean, G.M.E.R.S Medical College Gandhinagar. He welcomed the participants.
2. The Chair directed all the committe4e members to ensure that proper co-ordination should be done before any MEU activities.
  - a. Any MEU activity should be carried out only after meeting of all committee members and taking consensus.
  - b. Work distribution to committee members should be done after decision of carrying out MEU activity.
  - c. After completgion of any MEU activity, proper Record Notes should be prepared and filed within \_\_ days.
  - d. All correspondence and MOMs should be documented and filed.
3. Status report on activites carried out in past was recorded as under.
  - a. CME in ENT department on 5<sup>th</sup> April 2014.
  - b. Gastro conference on 25<sup>th</sup> April 2014.
  - c. Teachers Training Program in conjunction with MEU of NHL Medical College on 09-10-11 April.The committee noted the support of NHL with gratitude.
  - d. CME on Tele-Medicine on 25<sup>th</sup> June-2014.
4. Following future activites of MEU were Proposed.
  - a. CME on Pharmaco-Vigilance for SR and JR.
  - b. CME on Micro Teaching for GMERS staff.
  - c. Teachers Training Program for new recruits, by OCT-NOV -2014.
5. Meeting ended with thanks from the Dean.

MOM authorized by

Circulation:

1. All participants.
2. Office of the Dean.

No.GMERS/MCG/MEU/1446/2014

Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat.

Date: 31/03/2014

OFFICE ORDER:

Meeting of Medical Education Unit is scheduled on  
**Wednesday, 02/04/2014 at 12.30 p.m** in the College Council Room.

The Agenda for the meeting shall be:

1. To Review the Minutes of last meeting.
2. Discussion about MEU Program.
3. Any other matter with the permission of the chair.

  
Dean

GMERS Medical College,  
Gandhinagar

To,

<i>Name</i>	<i>Designation</i>	<i>Department</i>
Dr. J.G.Buch	Prof.	Pharmacology
Dr. Hitesh Vyas	Asso.Prof	Ophthalmology
Dr. Mihir Goswami	Asso.Prof	P.S.M.
Dr. Rupal Gautam	Asso.Prof	Anatomy
Dr. Dinkar Goswami	Asso.Prof	Medicine
Dr. Reema Shah	Asst.Prof	Pharmacology

MEU



No. : GMERS/MCG/1812/2014  
Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat  
Date :- 17 /04/2014

**OFFICE ORDER:-**

College Council Meeting

Minutes of the Meeting (09-04-2014)

The meeting of the College Council was held in College Council Room on 09-04-2014 at 11:30 a.m.

Following members were present:

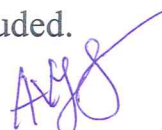
<b>Designation</b>	<b>Department</b>
Chairman	Dean
Co-Chairman	Medical Superintendent
Member	Anatomy
Member	Physiology
Member	Biochemistry
Member	Pharmacology
Member	PSM
Member	Pathology
Member	Microbiology
Member	Forensic Medicine
Member	Medicine
Member	Paediatrics
Member	TB & Chest
Member	Psychiatry
Member	Dermatology
Member	Surgery
Member	Orthopaedics
Member	Ophthalmology
Member	Anaesthesia
Member	Obst. & Gynaecology
Member	Dentistry

Dr. Ashish U. Katarkar , Professor and Head, Department of ENT could not attend the meeting due to personal reasons and had the prior permission of the Dean.

The Dean chaired the meeting and welcomed all the members. The following discussions were held and decisions were taken:

1. The council members discussed regarding the various instruments required by the respective departments with regards to the MCI requirements and their workload in the departments. All the Head of the Departments were instructed to submit their requirement in proper format within due time to the office of the Dean
2. Council discussed the way forward to implement requirement by MCI for the Third Renewal. Council discussed the preparation for the next year upcoming MCI Inspection.
3. The Council Members also discussed the irregularities in some department found on the day of the MCI inspections. The respective departments were instructed to do the needful action.
4. Council also decided to get registration of new Faculties for the Biometric Machine. It was unanously decided to check the regularities of the faculties in the college by the way of Biometric machine. All the HODs were instructed orally for instruction to their department.
5. First MBBS departments i.e Anatomy, Physiology, Biochemistry were instructed to check the students attendance as per the MCI and Gujarat University guidelines as the students are going to have their university examination in next months.
6. To generate a facilitating environment, a core coordination group will work under the chairmanship of the Dean and all the Departments will be involved. The group will indentify the formal and informal activities to achieve the objective. (Action: The Dean)
7. The members also discussed about information centre and research lab at the institutional level and decided to identify the latest resources of this activity, e.g. virtual library.

The Dean thanked all members and the meeting was concluded.



Dean,  
GMERS Medical College  
Gandhinagar.

Copy To:

- (1) All Holds
- (2) College Council File

No. : GMERS/MCG/1812/2014  
Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat  
Date :- 17 /04/2014

**OFFICE ORDER:-**

College Council Meeting

Minutes of the Meeting (09-04-2014)

The meeting of the College Council was held in College Council Room on 09-04-2014 at 11:30 a.m.

Following members were present:

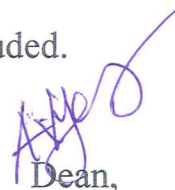
<b>Designation</b>	<b>Department</b>
Chairman	Dean
Co-Chairman	Medical Superintendent
Member	Anatomy
Member	Physiology
Member	Biochemistry
Member	Pharmacology
Member	PSM
Member	Pathology
Member	Microbiology
Member	Forensic Medicine
Member	Medicine
Member	Paediatrics
Member	TB & Chest
Member	Psychiatry
Member	Dermatology
Member	Surgery
Member	Orthopaedics
Member	Ophthalmology
Member	Anaesthesia
Member	Obst. & Gynaecology
Member	Dentistry

Dr. Ashish U. Katarkar , Professor and Head, Department of ENT could not attend the meeting due to personal reasons and had the prior permission of the Dean.

The Dean chaired the meeting and welcomed all the members. The following discussions were held and decisions were taken:

1. The council members discussed regarding the various instruments required by the respective departments with regards to the MCI requirements and their workload in the departments. All the Head of the Departments were instructed to submit their requirement in proper format within due time to the office of the Dean
2. Council discussed the way forward to implement requirement by MCI for the Third Renewal. Council discussed the preparation for the next year upcoming MCI Inspection.
3. The Council Members also discussed the irregularities in some department found on the day of the MCI inspections. The respective departments were instructed to do the needful action.
4. Council also decided to get registration of new Faculties for the Biometric Machine. It was unanously decided to check the regularities of the faculties in the college by the way of Biometric machine. All the HODs were instructed orally for instruction to their department.
5. First MBBS departments i.e Anatomy, Physiology, Biochemistry were instructed to check the students attendance as per the MCI and Gujarat University guidelines as the students are going to have their university examination in next months.
6. To generate a facilitating environment, a core coordination group will work under the chairmanship of the Dean and all the Departments will be involved. The group will identify the formal and informal activities to achieve the objective. (Action: The Dean)
7. The members also discussed about information centre and research lab at the institutional level and decided to identify the latest resources of this activity, e.g. virtual library.

The Dean thanked all members and the meeting was concluded.



Dean,  
GMERS Medical College  
Gandhinagar.

Copy To:

- (1) All Holds
- (2) College Council File

No.:GMERS/MCG/1457/2014

Dean Office,  
GMERS Medical College,  
Gandhinagar,  
Gujarat.

Date: 02/04/2014

**OFFICE ORDER:**

Monthly Meeting of College Council Will be On **Wednesday,**  
**09/04/2014** at **11.30 A.M** in the College Council Room.



Dean

GMERS Medical College  
Gandhinagar

Copy Forward To:

1. All Department of H.O.D
2. Medical Superintendent, G.M.E.R.S General Hospital Gandhinagar.

ક્રમાંક:જીએમઈઆરએસ/મેકોગાં/ ૪૪૦૬ /૨૦૧૪

ડીનશ્રીની કચેરી

જીએમઈઆરએસ મેડીકલ કોલેજ,

ગાંધીનગર.

તા.૦૬/૦૯/૨૦૧૪

પરીપત્ર:-

વિષય:-1<sup>st</sup> Advance Course (29<sup>th</sup> September-2<sup>nd</sup> October,2014)માં ફેકલ્ટી મોકલવા બાબત.

આથી તમામ વિભાગના વડાશ્રીઓને જણાવવામાં આવે છે કે Smt.N.H.L Municipal Medical College Ahmedabad ખાતે તા.૨૯/૦૯/૨૦૧૪ થી ૦૨/૧૦/૨૦૧૪ દિન-૪ માટે 1<sup>st</sup> Advance Course નું આયોજન કરેલ છે. જે ફેકલ્ટીઓએ બેજીક વર્કશોપની ટ્રેનીંગ અગાઉ લીધેલ હોય તેવા મદદનીશ પ્રાધ્યાપકની ઉપરના ફેકલ્ટીના નામની યાદી નિચત ફોર્મ ભરી મોકલી આપવા તમામ વિભાગના વડાશ્રીઓને જણાવવામાં આવે છે.

તમામ ફેકલ્ટી(આસી.પ્રો/એસો.પ્રો/પ્રોફેસર) 1<sup>st</sup> Advance Course માં જવા નામની યાદી દિન-૨ માં મોકલવાની રહેશે, જે સર્વે વિભાગના વડાશ્રીએ નોંધ લેવી.

ISSUED  
By  
06/09/14  
1.25 P.M

mc  
Fait

lu  
9/10

ડીન

જીએમઈઆરએસ મેડીકલ કોલેજ,  
ગાંધીનગર.

તિ,

વિભાગના વડાશ્રી(એનેટોમી/ફીજીયોલોજી/બાયોકેમેસ્ટ્રી/ ફાર્માકોલોજી/માઈબાયોલોજી/પેથોલોજી/  
પી.એસ.એમ./એફ.એમ./મેડીસીન/સર્જરી/ઇ.એન.ટી./સાયક્યાટ્રીક/સ્કીન વીડી./પીડીયાટ્રીક/ ટી.બી.ચેસ્ટ/  
ગાયનેક/ એનેસ્થેસીયા/ રેડીયોલોજી/ઓર્થોપેડીક/ઓપ્થલ્મોલોજી/ડેન્ટલ ને જાણ તથા અમલ સારૂ

નકલ રવાના:-

તબીબી અધિક્ષકશ્રી, જીએમઈઆરએસ મેડીકલ કોલેજ સલ્ગન હોસ્પિટલ ગાંધીનગર તરફ જાણ તેમજ અમલ કરવા  
સારૂ



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_  
Institution \_\_\_\_\_  
Qualification \_\_\_\_\_  
Medical Council Registration Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Total Teaching Experience \_\_\_\_\_ (Assistant Professor & Above)  
Mobile number \_\_\_\_\_  
Email address \_\_\_\_\_ (mandatory, write legibly)  
MCI Basic Course Details Dates : \_\_\_\_\_ to \_\_\_\_\_ (attach certificate photocopy)  
(Mandatory) Place : RTC \_\_\_\_\_ / Institute \_\_\_\_\_  
Are you a Faculty member of MEU : Yes / No  
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)

GMERS/MCG/210461/2809/2014

DATE:- 29 / 06 / 2014

COPY TO FOLLOWING DEPARTMENT:-

DEPARTMENT		
NO	DEPARTMENT	SIGNATURE
1	MEDICAL SUPRINTENTDENT	
2	ANATOMY	KVS
3	BIO-CHEMISTRY	diring
4	PHYSIOLOGY	Prathod
5	PHARMACOLOGY	VD Pambos
6	FORENSIC MEDICINE	Prifer
7	MICRO-BIOLOGY	Prifer
8	ENT	SS
9	PSM	
10	OPHTHALMOLOGY	Prifer + Jms
11	MEDICINE	Prifer
12	SURGERY	Prifer
13	OBS & GYNEC	Prifer
14	PEADIATRICS	Prifer
15	PATHOLOGY	Shankar
16	ORTHOPAEDIC	Prifer
17	ANESTHESIA	KPB
18	SKIN & VD	Prifer
19	RADIOLOGY	KPB
20	DENTISTRY	Prifer
21	PSYCHIATRICS	Prifer
22	T B & CHEST	Prifer

DEAN

GMERS MEDICAL COLLEGE

GANDHINAGAR



ડીનશ્રીની કચેરી

જીએમઈઆરએસ મેડીકલ કોલેજ,  
ગાંધીનગર.

તા.૦૬/૦૯/૨૦૧૪

પરીપત્ર:-

વિષય:-1<sup>st</sup> Advance Course (29<sup>th</sup> September-2<sup>nd</sup> October,2014)માં ફેકલ્ટી મોકલવા બાબત.

આથી તમામ વિભાગના વડાશ્રીઓને જણાવવામાં આવે છે કે Smt.N.H.L Municipal Medical College Ahmedabad ખાતે તા.૨૯/૦૯/૨૦૧૪ થી ૦૨/૧૦/૨૦૧૪ દિન-૪ માટે 1<sup>st</sup> Advance Course નું આયોજન કરેલ છે. જે ફેકલ્ટીઓએ બેજીક વર્કશોપની ટ્રેનીંગ અગાઉ લીધેલ હોય તેવા મદદનીશ પ્રાધ્યાપકની ઉપરના ફેકલ્ટીના નામની યાદી નિચત ફોર્મ ભરી મોકલી આપવા તમામ વિભાગના વડાશ્રીઓને જણાવવામાં આવે છે.

તમામ ફેકલ્ટી(આસી.પ્રો/એસો.પ્રો/પ્રોફેસર) 1<sup>st</sup> Advance Course માં જવા નામની યાદી દિન-૨ માં મોકલવાની રહેશે, જે સર્વે વિભાગના વડાશ્રીએ નોંધ લેવી.

  
ડીન

જીએમઈઆરએસ મેડીકલ કોલેજ,  
ગાંધીનગર.

પ્રતિ,

વિભાગના વડાશ્રી(એનેટોમી/ફીજીયોલોજી/બાયોકેમેસ્ટ્રી/ ફાર્માકોલોજી/માઇબાયોલોજી/પેથોલોજી/  
પી.એસ.એમ./એફ.એમ./મેડીસીન/સર્જરી/ઇ.એન.ટી./સાયક્યાટ્રીક/સ્કીન વીડી./પીડીયાટ્રીક/ ટી.બી.એસ્ટ/  
ગાયનેક/ એનેસ્થેસીયા/ રેડિયોલોજી/ઓર્થોપેડીક/ઓપ્થલમોલોજી/ડેન્ટલ ને જાણ તથા અમલ સારૂ

નકલ રવાના:-

તબીબી અધિક્ષકશ્રી, જીએમઈઆરએસ મેડીકલ કોલેજ સલ્ઝન હોસ્પિટલ ગાંધીનગર તરફ જાણ તેમજ અમલ કરવા  
સારૂ



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_  
Institution \_\_\_\_\_  
Qualification \_\_\_\_\_  
Medical Council Registration Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Total Teaching Experience \_\_\_\_\_ (Assistant Professor & Above)  
Mobile number \_\_\_\_\_  
Email address \_\_\_\_\_ (mandatory, write legibly)  
MCI Basic Course Details Dates : \_\_\_\_\_ to \_\_\_\_\_ (attach certificate photocopy)  
(Mandatory) Place : RTC \_\_\_\_\_ / Institute \_\_\_\_\_  
Are you a Faculty member of MEU : Yes / No  
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

1<sup>st</sup> Advance Course in Medical Education

To,

The Dean  
GMERS medical college  
Gandhinagar

Dear Sir/Madam,

Greetings from MCI Nodal Centre, NHLMMC, Ahmedabad.

The MCI Nodal Centre for Faculty Development at Smt. NHL Municipal Medical College, Ahmedabad is happy to announce its 1st Advance Course in Medical Education.

The first contact session of the 1st Advance Course will be from 29<sup>th</sup> September 2014 to 2<sup>nd</sup> October, 2014.

Please find attached the official announcement with nomination form for the 1st Advance Course in Medical Education.

The Centre invites nominations from different medical colleges allotted to NHLMMC as a Nodal Centre.

We have received the list of colleges under NHLMMC as a Nodal Centre from MCI. However, the list is not updated & key contact information is also missing. Kindly update the information of your institute with us, including the contact details of Dean/Principal & MEU Coordinator.

For any queries related to Advance Course, kindly email us on [nodalcentre@nhlmmc.edu.in](mailto:nodalcentre@nhlmmc.edu.in) or [rtc Ahmedabad@gmail.com](mailto:rtc Ahmedabad@gmail.com)

With Best Regards

Dr. Kirti Patel

Convener, Nodal Centre

Department of Medical Education

3rd Floor, Smt. NHL Municipal Medical College

Ellisbridge, Ahmedabad-380006

Gujarat, INDIA

[kirtipatel1954@gmail.com](mailto:kirtipatel1954@gmail.com)

09712967905

You can remain in touch with us through our facebook webpage

<https://www.facebook.com/RTC NHLMMC>

"Like" it & stay updated

GMERS Medical College

Gandhinagar

Inward No. 2449

Date 21/09/14

Branch P.A

21/09/14  
Avg  
3/19

lu  
3/19

4/24/14  
4/24/14



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**1<sup>st</sup> Advance Course**

Dr. Kirti Patel  
Convener

Dr. Aparajita Shukla  
Co-convener

**1<sup>st</sup> Advance Course (29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)**

Based on the experiences and feedback from the basic course workshops in medical education technology and with the background that a large number of medical teachers across the country are now trained in basic course, Medical Council of India (MCI) has recognized the need for advancing the field of medical education to provide deeper knowledge and skills to medical teachers so that they are able to lead educational changes which make medical education responsive to the health needs of the society. Therefore, MCI has rolled out Advance Course in Medical Education. For this purpose MCI has upgraded 10 Regional Centres as Nodal Centres. We are pleased to share that our centre is one of these newly established Nodal Centres. Your institute/college has been allotted to our Nodal Centre - Smt. N.H.L. Municipal Medical College, for the purpose of Advance course. With these, we would like to share details of advance course with a request to nominate faculty members from your college for this advance course. A brief summary of important decisions regarding advance course as suggested by academic council and approved by the executive committee of MCI is as under.

**Advance Course in Medical Education**

**GOAL:** To develop educational practitioners who can lead educational changes in their institution to make medical education responsive to the health needs of the society.

**OBJECTIVES:**

- To develop educational leaders
- To build capacity of medical faculty to become effective facilitators of learning
- To develop ability in medical faculties to take better pedagogic decisions
- To promote self learning & reflective learning in classroom situations
- To promote educational networking
- To develop a community of learners
- To develop participants as effective resource persons for the basic course at their own institutions
- To empower faculty members to implement and sustain educational innovations in their institutions
- To augment the use of ICT devices in teaching learning processes

**ELIGIBILITY Criteria:**

- Successful completion of the MCI Basic Course Workshop in Medical Education Technology
- Atleast 3 years of teaching experience (Assistant Professors & above)
- Recommendation from Dean / Principal of the institute

It is worth noting that active members of the MEU, faculty members of Basic Course Workshop, faculty members with awards in educational related field or educational publications may be given priority in case of over-registration and selection by the Nodal Centre.

**REGISTRATION Fee:**

Rs. 10,000 / participant / course (**NON-REFUNDABLE** which includes 2 contact sessions and online learning during the entire course) DD of the course fees need to be submitted only after confirmation of the participation from the Nodal Centre, But before the commencement of the course.

N.B. Participants also need to make their own arrangements for travel and stay during the contact sessions.

**Course Outline & Details:**

Total duration of the course is 1 year. There will be two contact sessions at the Nodal Centre (Smt. NHL Municipal Medical College, Ahmedabad) with an interval of approximately 6 months for online learning and implementation of curriculum innovation project. Complete attendance, active participation, completion of educational project, poster presentation of the completed project and satisfactory performance in assessment criteria will be considered for successful course completion.

**Note:**

It may be worth noting that Medical Council of India has also prescribed the minimum qualification for a teacher to be considered as a resource faculty in basic course workshop on medical education technology (minutes of the meeting of experts group held on 7<sup>th</sup> September 2013) which is as under

1. Have undergone a basic course workshop in Medical Education Technology at allocated Regional Training Centre
2. Has received MCI approved additional educational qualification or training like MMEd, MHPE, DME, Advance Course, FAIMER etc.

In case the faculty of your college, conducting basic course workshop in Medical Education Technology at your institute, do not have any of these, they will not be counted as faculty member for the basic course. This advance course gives an excellent opportunity to such resource faculty members of your MEU to strengthen their competencies in the field of medical education and fulfilling the criteria requirement of a MEU faculty member.

Some other points worth noting regarding the advance course...

- It is the responsibility of the Dean to ensure that 30% of faculty at all levels and across all specialties who have undergone MCI Basic Course Workshop for Faculty Development would undergo this training in a phasic manner
- As informed by MCI, Participation in MCI Advance Course Workshop in MET would be made as an incentive to promotion and recruitment rules in near future.

**Registration for the course is now open. The last date for registration is 15th September 2014.**

A printout of registration form duly filled by the faculty and forwarded with recommendation by the Dean of the institute needs to be submitted to the convener at the address mentioned below. Kindly submit scan copy of the completed form & other certificates of attachment first by email to [nodalcentre@nhlmmc.edu.in](mailto:nodalcentre@nhlmmc.edu.in)

**Dr. Kirti Patel**

Convener, Nodal Centre  
Department of Medical Education  
3rd Floor, Smt. NHL Municipal Medical College,  
Ellisbridge, Ahmedabad.  
Kirtipatel1954@gmail.com  
09712967905



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Nomination Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_  
Institution \_\_\_\_\_  
Qualification \_\_\_\_\_  
Medical Council Registration Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Total Teaching Experience \_\_\_\_\_ (Assistant Professor & Above)  
Mobile number \_\_\_\_\_  
Email address \_\_\_\_\_ (mandatory, write legibly)  
MCI Basic Course Details Dates : \_\_\_\_\_ to \_\_\_\_\_ (attach certificate photocopy)  
(Mandatory) Place : RTC \_\_\_\_\_ / Institute \_\_\_\_\_  
Are you a Faculty member of MEU : Yes / No  
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration:** I have completely read the announcement of the Advance course and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name Dr. Parash B. Shiladaria  
Designation Associate professor  
Department Pathology  
Institution GMCPs Medical College Gandhinagar  
Qualification M.D Pathology  
Medical Council Registration  
Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Registration No. \_\_\_\_\_ Council \_\_\_\_\_  
Total Teaching Experience 8 year (Assistant Professor & Above)  
Mobile number 8905309546  
Email address pbs-mcp14@yahoo.com (mandatory, write legibly)  
MCI Basic Course Details (Mandatory) Dates: 18/2/13 to 20/2/13 (attach certificate photocopy)  
Place: RTC A'bad / Institute V. S. Medical College  
Are you a Faculty member of MEU : Yes / No no  
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)  
1 publication in International Journal  
2 publication in National Journal

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/01/14

Place: Gandhinagar

Shiladaria

Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)





**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name DR. PIYUSH ASHOKBHAI PATEL  
Designation ASSOCIATE PROFESSOR PATHOLOGY  
Department PATHOLOGY  
Institution KMERS MEDICAL COLLEGE, SANDBHINAGAR  
Qualification \_\_\_\_\_  
Medical Council Registration Registration No. U-33345 Council Gujarat medical council  
Registration No. U-14810 Council Gujarat medical council  
Total Teaching Experience 10 yrs. (Assistant Professor & Above)  
Mobile number 9327957088  
Email address Piyush\_doctor@yahoo.co.in (mandatory, write legibly)  
MCI Basic Course Details Dates: 19/2/13 to 21/2/13 (attach certificate photocopy) N.H.L. Municipal Medical College, Ahmed  
(Mandatory) Place: RTC \_\_\_\_\_ / Institute \_\_\_\_\_  
Are you a Faculty member of MEU: Yes / No NO  
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) \_\_\_\_\_

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/9/14

Place: Sanbhinagar

P. Patel  
Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)



Medical Council of India



Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. Piyush A. Patel Asso. Prof. Pathology  
GMERS MC Gandhinagar has participated in the Basic Course Workshop in

Medical Education Technologies held during 19<sup>th</sup> - 21<sup>st</sup> February, 2013 by the Regional  
Centre for Faculty Development, Smt. NFLL Municipal Medical College, Ahmedabad, Gujarat.

This program provides you 12 credit hours.

*Pankaj*  
Dr. Pankaj R. Patel  
Dean

*Dr. Kirti Patel*  
Dr. (Mrs.) Kirti Patel  
Convener

*Dr. M. Rajalakshmi*  
Dr. M. Rajalakshmi  
Convener, Academic Cell, MCI

*Patel*



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name DR. NIKUNJ B. JUTHAR  
Designation Associate Professor  
Department Pathology  
Institution G.M.E.R.S, Medical College, Gandhinagar  
Qualification M.D (Pathology)  
Medical Council Registration  
Registration No. G-26658 Council Gujarat Medical Council  
Registration No. G-11536 Council " " "  
Total Teaching Experience 27.5 - Asa Associate Professor (Assistant Professor & Above)  
Mobile number (M) 9898772937  
Email address drnikunj.juthar@gmrc.edu (mandatory, write legibly)  
MCI Basic Course Details  
(Mandatory) Dates: 24/2/2014 to 26/2/2014 (attach certificate photocopy)  
Place: RTC \_\_\_\_\_ / Institute Smt. NHL Municipal Medical College, Ahmedabad  
Are you a Faculty member of MEU: Yes / No  
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 18/9/2014

Place: Gandhinagar

[Signature]  
Signature of the candidate

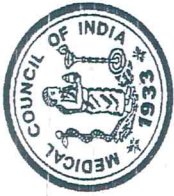
**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)



Medical Council of India



## Basic Course Workshop in Medical Education Technologies

### Certificate of Participation

This is to certify that *Dr. Nikunj Suthar*..... *Asso Prof Pathology*  
*G.M.E.R.S. Gandhinagar*..... has participated in the *Basic Course Workshop in*

*Medical Education Technologies held during 24 to 26 February, 2014 at the Regional*  
*Centre for Faculty Development, Smt. NHL Municipal Medical College, Ahmedabad, Gujarat*

state.

*Pankaj*

Dr. Pankaj R. Patel

Dean

*Kirti Patel*

Dr. (Mrs.) Kirti Patel

Convener

*W. Rajalakshmi*

Dr. M. Rajalakshmi

Chief Consultant, Academic Cell, MCI



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name DR. BHASKAR B. THAKKAR  
 Designation ASSOCIATE PROFESSOR  
 Department PATHOLOGY  
 Institution G.M.E.R.S. MEDICAL COLLEGE AND HOSPITAL  
 Qualification M.D. PATHOLOGY  
 Medical Council Registration Registration No. G-31896 Council GUJARAT MEDICAL COUNCIL  
 Registration No. G-15084 Council GUJARAT MEDICAL COUNCIL  
 Total Teaching Experience 2 YEARS 1 MONTH AS ASSOCIATE PROFESSOR (Assistant Professor & Above)  
 Mobile number 9426370900  
 Email address jbhaskar\_9@yahoo.com (mandatory, write legibly)  
 MCI Basic Course Details Dates: 2<sup>nd</sup> to 4<sup>th</sup> April 2014 (attach certificate photocopy) 2/4/2012 to 4/9/2012  
 (Mandatory) Place: RTC KARANSAD / Institute C.V. SHAH MEDICAL COLLEGE AND HOSPITAL  
 Are you a Faculty member of MEU: Yes / No  
 Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)  
1) 5 PUBLICATIONS in NATIONAL JOURNALS.  
2) NABL BASIC-2007 and 2012 GAP Analysis Training.

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 18/9/2014  
 Place: GANDHINAGAR  
 Signature of the candidate B.B. Thakkar

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)



C. U. Shah Medical College

MCI Regional Centre for Medical Education Technologies

Pramukhswami Medical College, Karamsad

*“Basic Course Workshop in Medical Education Technologies”*

Certificate of Participation

This is to certify that Dr. *Bhagvan Thakkar* has participated in the “Basic Course Workshop” in Medical Education Technologies conducted by Regional Centre in MET, P. S. Medical College, Karamsad at C. U. Shah Medical College, Surendranagar from 02<sup>nd</sup> to 04<sup>th</sup> April, 2012.

DEAN  
GMERS Medical  
College  
Gandhinagar (Gujarat)

Dr. Sanjay Mehta  
Coordinator, MEU  
C. U. S. Medical College  
Surendranagar

Dr. H. H. Agravat  
Dean  
C. U. S. Medical College  
Surendranagar

Dr. Praveen Singh  
MCI Observer  
P. S. Medical College  
Karamsad

*P. S. Medical College*

ક્રમાંક-જીએમઇઆરએસ/મે.કો.ગાં.// 12018

GMERS Medical College  
Gandhinagar  
Inward No. 2736  
Date 19/09/19  
Branch ~~MBBS~~ P.A

મેડીસીન વિભાગ  
જીએમઇઆરએસ મેડીકલ કોલેજ  
ગાંધીનગર  
તા-૧૯/૦૯/૨૦૧૪

પ્રતિ,  
ડીનશ્રી  
જીએમઇઆરએસ મેડીકલ કોલેજ  
ગાંધીનગર

વિષય:-1<sup>st</sup> Advance Courseમાં ફેકલ્ટીના નામ મોકલવા બાબત.  
સંદર્ભ:-ક્રમાંક જીએમઇઆરએસ મે.કો.ગાં/1<sup>st</sup> Advanc  
Course/૪૪૦૬/૦૬/૦૯/૨૦૧૪નો પત્ર.

માનનિય સાહેબશ્રી,

ઉપરોક્ત વિષય પરત્વે સવિનય જણાવવાનું કે મેડીસીન વિભાગમાં થી નીચે મુજબના ડોક્ટરોના નામની યાદી આ ફોર્મ સાથે મોકલી આપીએ છીએ.

ક્રમાંક	ડોક્ટરનું નામ	હોદ્દો	મોબાઇલ નંબર
૧	ડો.પારુલ ભટ્ટ	એચ.ઓ.ડી&એસો.પ્રો	૯૮૭૯૫૯૯૫૯૫
૨	ડો.દિનકર ગોસ્વામી	એસોસીએટ પ્રોફેસર	૯૮૨૫૦૭૦૯૨૩
૩	ડો.વર્ષા શાહ	એસોસીએટ પ્રોફેસર	૯૪૨૭૭૯૧૬૨૬
૪	ડો.સેસીલ પરમાર	એસોસીએટ પ્રોફેસર	૯૯૧૩૭૦૧૯૦૮

આપનો વિશ્વાસુ,

Professor & Head  
Medicine Department  
GMERS Medical College  
વિભાગના વડા  
Gandhinagar (Gujarat)

મેડીસીન વિભાગ  
જીએમઇઆરએસ મેડીકલ કોલેજ  
ગાંધીનગર.

Asy  
19/19

નકલ રવાના:-તબીબી અધિક્ષકશ્રી, GMERS MCH Gnagar



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name Dr. Parul Bhatt  
Designation H.O.D. of MBBS Arb. Medicine  
Department Gen. Medicine  
Institution G.M.C.R.S. Gandhinagar  
Qualification M.D. (Medicine)  
Medical Council Registration Registration No. G-2058 Council Gujarat  
Registration No. G-6888 Council Guj. Uni.  
Total Teaching Experience 18 yrs. (Assistant Professor & Above)  
Mobile number 9879599595  
Email address Parulbhatt30@yahoo.com (mandatory, write legibly)  
MCI Basic Course Details Dates: 10<sup>th</sup> to 12/Dec<sup>13</sup> (attach certificate photocopy)  
(Mandatory) Place: RTC \_\_\_\_\_ / Institute G.M.C. Surat

Are you a Faculty member of MEU: Yes / No

Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) one Article in Jafi-2011, one original article in NJRM-2014, one Article in G.M.J-2000, Delivered lecture at AAU-Gon-2013, one mt-D, etc.

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/9/14

Place: Gandhinagar.

Parul Bhatt  
Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)





**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name Dr. Cecil D. Parmar  
Designation Associate Professor  
Department Medicine  
Institution Amel Medical College, Anjar  
Qualification MD (Medicine)  
Medical Council Registration  
Registration No. 6-28188 Council Guj. Med. Council  
Registration No. 6-12585 Council " " "  
Total Teaching Experience 5 yrs 10 month (Assistant Professor & Above)  
Mobile number 9913701908  
Email address dr.cecil\_2006@yahoo.co.in (mandatory, write legibly)  
MCI Basic Course Details  
(Mandatory) Dates : \_\_\_\_\_ to \_\_\_\_\_ (attach certificate photocopy)  
Place : RTC \_\_\_\_\_ / Institute BMC, Anjar  
Are you a Faculty member of MEU : Yes / No   
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/9/14  
Place: Anjar

[Signature]  
Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Dean / Principal (with stamp/seal)



**Smt. NHL Municipal Medical College, Ahmedabad**  
**MCI Nodal Centre for Faculty Development**

**Registration Form**

**1<sup>st</sup> Advance Course**

(29<sup>th</sup> September – 2<sup>nd</sup> October, 2014)

Name Dr. Varsha Ajay Shuk  
 Designation Associate Professor  
 Department Medicine  
 Institution CAMERS Medical College Gandhinagar  
 Qualification M.D. (Medicine)  
 Medical Council Registration <sup>U.C</sup> Registration No. 15309 Council Gujarat medical  
<sup>P.O</sup> Registration No. 6-6299 Council Gujarat medical  
 Total Teaching Experience 6 1/2 yrs. 10 months (Assistant Professor & Above)  
 Mobile number 9427791626  
 Email address dr. shukvarsha@gmail.com (mandatory, write legibly)  
 MCI Basic Course Details Dates: 18 Feb to 20 Feb 2014 (attach certificate photocopy)  
 (Mandatory) Place: RTC ✓ /Institute Smt. NHL municipal med collage. Ahmed

Are you a Faculty member of MEU: Yes / No  
 Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) One paper publication in IMA  
- Patterns of Coronary disease and epidemiology of coronary artery disease in urban population of Ahmedabad

**Declaration:** I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/9/14  
 Place: Gandhinagar

Varsha  
Signature of the candidate

**Recommendation by the Dean / Principal**

I recommend the nomination of Dr. \_\_\_\_\_ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: \_\_\_\_\_

Place: \_\_\_\_\_ Signature of the Dean / Principal (with stamp/seal)



Medical Council of India



Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that *Dr. Narsha Shah, Asso. Prof. Medicine* from  
*G.M.E.R.S. Gandhinagar* has participated in the Basic Course Workshop in

Medical Education Technologies held during 18 to 20 February, 2014 at the Regional

Centre for Faculty Development, Smt. N.H.L. Municipal Medical College, Ahmedabad, Gujarat  
state.

*Dr. Pankaj K. Patel*  
Dean

*Dr. (Mrs.) Kirti Patel*  
Convener

*Dr. M. Rajalakshmi*  
Chief Consultant, Academic Cell, MCI